

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90004 013 ***150.00

DOCUMENT # P95000003334

1. Entity Name
JOSHUA L. LUCE, M.D., P.A.



Principal Place of Business

**3345 BURNS RD
203
PALM BEACH GARDENS, FL 33410 US**

Mailing Address

**3345 BURNS RD
203
PALM BEACH GARDENS, FL 33410 US**

54055138



03012003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0546523** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUCE, JOSHUA L
3345 BURNS ROAD
#203
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **MD**
NAME **LUCE, JOSHUA L**
STREET ADDRESS **859 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/04 561-622-1044

Date

Daytime Phone #